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Form PTO(Rev 6-99)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	75	66621	1,7/24	
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW	<i>Dw</i>	72246	11-21-00	
RESPONSE FORMALITY REVIEW		122.5	<u> </u>	

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	·	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

•				Objected	
Clain.	Date	Claim	Date	Claim	Date
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18		68	 	118	+++++
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45		95	 	145	+++++
46		96	<u> </u>	146	
148		97		148	
49		99	:	149	
50		100		150	

If more than 150 claims or 10 actions staple additional sheet here